No. 12

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended March 25.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Eire. (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1950					1949 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Meningococcal infection	52	2	18	2	2	57	5	15	1	1
Deaths		—	—				—	—		
Diphtheria	76	9	25	—	—	114	9	28	3	1
Deaths	—	—	—	—	—	—	—	1	—	—
Dysentery	427	19	69	2	—	35	4	13	—	—
Deaths					—					
Encephalitis, acute	5	—	—	1	—	—	—	—	—	—
Deaths		—		—			—			
Erysipelas			22	8	2			29	13	5
Deaths										
Infective enteritis or diarrhoea under 2 years				11					18	
Deaths	16		3	2	—	37	4	6	4	3
Measles*	5,716	98	329	95	404	16,275	1231	292	118	168
Deaths†			1	—	—			—	—	1
Ophthalmia neonatorum	37	5	12	1	—	56	4	15		—
Deaths										
Paratyphoid fever	1	1	—		—	2	—	—		—
Deaths	—		—		—	—		—		—
Pneumonia, influenzal	1,082	53	13		24	1,524	66	23	20	9
Deaths (from influenza)‡	135	15	4	9	6	360	31	6	3	6
Pneumonia, primary			191	¶				247		
Deaths	341	56		18	11	488	71		10	21
Poliomyelitis, acute	29	3	—	2	1	18	—	1	1	—
Deaths§	3	—		—		1	—			
Puerperal fever		—	13				—	13		
Deaths										
Puerperal pyrexia‖	116	13	8	—	1	104	8	5	2	—
Deaths							—			
Relapsing fever	—	—			—	—	—			—
Deaths										
Scarlet fever	1,805	112	222	64	115	1,209	63	179	138	44
Deaths†			—	—	—			—	—	—
Smallpox	—	—	—		—	—	—	—	—	—
Deaths					—				—	—
Typhoid fever	4	1	1	1	—	3	—	—	3	—
Deaths	—	—	—		—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths					—				—	—
Whooping-cough*	2,362	93	398	71	51	2,790	221	272	57	62
Deaths	8	—	—	2	1	15	1	2	5	2
Deaths (0–1 year)	243	28	40	27	15	333	40	42	36	14
Deaths (excluding stillbirths)	5,810	926	640	276	155	7,429	1094	744	230	195
Annual death rate (per 1,000 persons living)			12·9					14·9	14·3	
Live births	8,177	1261	976	444	234	8,103	1256	967	339	260
Annual rate per 1,000 persons living			19·6					19·4	21·0	
Stillbirths	183	30	29			202	23	27		
Rate per 1,000 total births (including stillborn)			29					27		

* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.

‡ Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

§ The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.

‖ Includes puerperal fever for England and Wales and Eire.

¶ Primary pneumonia no longer notifiable in Eire.

EPIDEMIOLOGICAL NOTES

Smallpox in Glasgow

Up to April 11 there had been six deaths in the outbreak of smallpox in Glasgow. The earlier stages of this outbreak have already been described fully (April 1, p. 795; April 8, p. 853), but more details are now known about the original case.

This Asian seaman, aged 38, was admitted to Knightswood Hospital, Glasgow, on March 10 as a case of pneumonia. On March 13 he was transferred to a cubicle as a probable case of chicken-pox. He had previously been well vaccinated. On March 23 he was quite well and he was discharged to the Indian seamen's hostel. His ship, the *Chitral,* had been given a clean bill of health, and the appearance of cases of smallpox on March 25 among the nursing staff at Knightswood Hospital was the first indication of the true nature of his illness—namely, much modified smallpox.

Altogether there have been 20 secondary cases, with six deaths. One death was due to haemorrhagic smallpox, four were cases of confluent smallpox, and the sixth fatal case was a baby aged 10 months. This infant was suffering from toxoplasmosis and had been nursed in the same ward as the original case. Among the part-time and full-time nurses in contact with the original patient there have been eight cases of smallpox, with three deaths. Another of the fatal cases was in a laundry-maid who handled the bedclothes from the primary case. Most of the fatal cases have been in women who were not vaccinated or who had an unsatisfactory history of vaccination.

The outbreak so far has been entirely confined to direct contacts with this Asian seaman, and according to officials of the public health department if no further cases arise from contact with the 20 secondary cases Glasgow will be regarded as clear of smallpox by April 17.

Approximately 300,000 persons have now been vaccinated, 170,000 of them by the public health department's own clinics.

Discussion of Table

In *England and Wales* there were increases in the notifications of measles 139, whooping-cough 131, dysentery 29, and diphtheria 14, while a decrease was reported in the incidence of scarlet fever 32.

The largest rises in the notifications of measles were Leicestershire 100, Cheshire 65, Durham 62, Lincolnshire 62, Kent 47, London 44, and Surrey 43; the largest decreases were Lancashire 82, Norfolk 69, Suffolk 65, Staffordshire 64, and Yorkshire North Riding 53. There were only small variations in the local incidence of scarlet fever.

The chief changes in the notifications of diphtheria were rises of 5 in Lancashire and Devonshire (4 cases in Bideford M.B.) and of 4 in London. There were increases in the notifications of whooping-cough in Warwickshire 65, Surrey 49, and Staffordshire 43.

The chief centres of dysentery were Yorkshire West Riding 150 (Sheffield C.B. 66, Leeds C.B. 42, Bradford C.B. 19); Durham 114 (Blaydon U.D. 40, South Shields C.B. 26, Stanley U.D. 22, Sunderland C.B. 10); Lancashire 39 (Darwen M.B. 10, Manchester C.B. 7); Yorkshire North Riding 24 (Middlesbrough C.B. 23); Northumberland 21 (Newcastle-upon-Tyne C.B. 16); London 19 (Islington 6).

In *Scotland* there were increases in the incidence of measles 52 and scarlet fever 51, while the notifications of acute primary pneumonia decreased by 36. The increase in the incidence of scarlet fever was mainly contributed by Ayr county, where the cases rose from 3 to 33. The chief feature of the returns of diphtheria was a rise of 5 in Glasgow. The largest returns for dysentery were Glasgow 36 and Dundee 16.

In *Eire* there were decreases in the incidence of measles 52 and scarlet fever 14, while a rise of 25 was reported in the notifications of whooping-cough. An outbreak of measles with 31 notifications occurred in Waterford, Kilmacthomas R.D.

In *Northern Ireland* an increase of 40 in the notifications of measles was the only variation in the trends of infectious diseases; the largest rise was Antrim county 23.

Week Ending April 1

Notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,749, whooping-cough 2,488, diphtheria 67, measles 6,307, acute pneumonia 941, acute poliomyelitis 20, dysentery 461, typhoid fever 1. In the great towns 121 deaths were attributed to influenza.

Medical News

The Faculty of Anaesthetists

The second anniversary dinner of the Faculty of Anaesthetists of the Royal College of Surgeons was held at the College on March 29. The dean of the Faculty, Mr. A. D. Marston, who presided, said that one of the chief functions of the faculty was the encouragement of postgraduate education, and anaesthetists viewed with great satisfaction the increasing liaison between the Royal College and the British Medical Postgraduate Federation. Sir Cecil Wakeley, president of the Royal College, referred to the great strides which had been made in anaesthetics during the past 10 or 20 years. The future of surgery was bound up with progress in anaesthesia, and with it the great problem of analgesia in childbirth. Sir Harry Platt, in proposing the toast of the Faculty, referred to the need for restoring general practice to its former prestige and especially for integrating it with the hospital service. While major obstetrics must be the field of the specialist, minor obstetrics should be the province of the general practitioner, but the problem was the borderline between major and minor. He knew that he was on delicate ground in suggesting that in the anaesthetic service the general-practitioner anaesthetist had a part to play. The Faculty would be called upon to determine the basic training—a decision calling for great wisdom, which such a specialist faculty within the Royal College was likely to possess. Dr. Bernard R. M. Johnson, vice-dean, said that the Faculty was probably the strongest link between medicine and surgery existing at present. The standard of British anaesthesia was head and shoulders above that to be found in the whole of Europe, and it must be safeguarded most carefully. He hoped that the State in the medical field would continue to seek the advice of the learned medical bodies so as to ensure that no step was forced upon them by administrative demand which would have the effect of lowering the standard. Dr. John Gillies proposed the health of the guests, and Professor Lillian Penson, vice-chancellor of the University of London, and Sir John Charles, Deputy Chief Medical Officer, Ministry of Health, responded.

Coroners' Inquests in London

During 1949 the number of deaths reported to coroners in the county of London was 10,217; inquests were held in 2,089 cases, and inquiries without inquests in 8,128. The number of cases of suicide was 462; 152 of them were of persons over 60 years of age. Post-mortem examinations were directed by the coroners to be made in 2,047 of the 2,089 inquest cases, and in 7,131 of the cases investigated without inquest. Verdicts of murder were returned in 15 cases, compared with 8 the year before, and 6 inquests were held after executions. The number of people who met their deaths by accident was 1,113. Deaths caused by want of attention at birth numbered 14, and there were 22 inquests on newborn children. The total cost of the service, including coroners' salaries and allowances, was £47,483.

Dangerous Drugs Regulations

Under the Dangerous Drugs Regulations, 1950, which came into operation on April 1, midwives are authorized to possess and administer pethidine. The regulations remove the following preparations from the list of drugs exempted from the principal regulations: Linctus diamorphinae camphoratus, *B.P.C.* 1923 and 1934; linctus diamorphinae c. ipecacuanha, *B.P.C.* 1934; linctus diamorphinae et scillae, *B.P.C.* 1923 and 1934; and linctus diamorphinae et thymi, *B.P.C.* 1923 and 1934. They also consolidate the provisions as to the classes of persons authorized to possess and supply drugs, and in relation to hospitals restrict the class of persons employed as dispensers who are not registered pharmacists, while adding in special circumstances sisters in charge of wards or out-patient departments.

British Association of Physical Medicine

At a meeting of the council of the British Association of Physical Medicine held on March 21 it was announced that Mr. Bernard Baruch, of New York, has presented the association with a donation of £1,000 to be used as its president, Lord Horder, might suggest.

Index to Soviet Periodicals

An "English Index to Soviet Medical Periodicals Available in London Libraries" has been prepared by Mr. Donovan T. Richnell, Deputy Librarian at London University, on behalf of the Medical Committee of the Society for Cultural Relations with the U.S.S.R. Volume 1, which has been published by Messrs. H. K. Lewis (20s.), covers the years 1945–7. Subjects and authors are indexed with cross-references, and the libraries where the journals may be seen are listed. The Russian alphabet is transliterated into the Roman, and the titles and subjects are translated into English.

Maternal Health Committee

The Maternal Health Committee has decided to close down, since other bodies are now continuing its work. It was founded in 1927 as the Maternal Mortality Committee to consider how, by the dissemination of information and by administrative measures, maternal mortality might be reduced. At a meeting on October 27 of that year Sir George Newman, who was Chief Medical Officer of the Ministry of Health, gave the principal address. He emphasized that it was necessary to create a public opinion which would lead the pregnant woman to consult her doctor in a simple and natural way at the earliest juncture. A second need was for maternity homes, and a third for skilled and competent assistants at childbirth. A resolution was passed urging improved midwifery training for medical students and midwives, better provisions for maternity under the N.H.I. Act, and extension of the work of local authorities in providing clinics, welfare centres, and health visitors.

Royal College Appeals

The Royal College of Obstetricians and Gynaecologists has opened an appeal for £400,000. The College proposes to devote £200,000 to building, £150,000 to research and general funds, and £50,000 to establishing a Commonwealth travelling professorship. The College has outgrown its present house at 58, Queen Anne Street, London, W.1, and the library and museum must be expanded. Contributions will be gratefully received, and should be sent to the treasurer of the College.

Film on Taking Blood

The film *Taking Blood*, made by Kinecrat with the co-operation of Bayer Products and the Clinical Research Association, is intended to instruct nurses, students, and general practitioners in the technique of venepuncture and the details of efficient collection of blood samples. The information is given by a dialogue between a layman, a pathologist, and a director of laboratory research. The film sketches the history of bloodletting and phlebotomy by showing antique instruments once used for this purpose. Modern methods of venepuncture, which sprang from the introduction of Alexander Wood's syringe and hollow needle, are illustrated by the use of the Wassermann needle, the customary types of glass syringe, and the more recent "venule." This is a vacuum cylinder with an intravenous needle attached, which is intended for the collection of single blood samples. The methods of venepuncture with syringe and venule are demonstrated clearly on patients. The film should be a valuable piece of instruction in this common yet sometimes remarkably difficult simple procedure, though skill with the intravenous needle can be acquired only by sufficient practice. More emphasis might have been laid on the care with which syringes must be sterilized between cases, for the spread of infection is the most serious disadvantage of this omnipresent piece of medical equipment.